



ARKANSAS DEPARTMENT OF VETERANS AFFAIRS
MILITARY FUNERAL HONORS STIPEND REQUEST FORM



*This is a fillable PDF form that contains form fields to allow the required information to be typed directly onto the form.
If computer access is unavailable, a printed copy of this form may be handwritten and submitted.
All handwritten information must be printed legibly or the request cannot be processed.*

FAX COMPLETED STIPEND REQUEST FORM TO
ARARNG MFH OFFICE / FAX NUMBER: (501) 212-5843

The Arkansas Department of Veterans Affairs (ADVA) Military Funeral Honors (MFH) Stipend in the amount of Fifty Dollars (\$50.00) is available for reimbursing VSO Honor Guard Teams that augment the delivery of military funeral honors in partnership with an Active Duty Military Branch Honor Guard Team (at least two Armed Forces service members). VSO Honor Guard Teams that perform MFH without partnering with an Active Duty Military Branch Honor Guard Team are not eligible to receive the ADVA MFH Stipend.

PART ONE: DECEASED VETERAN INFORMATION

Name of Veteran: _____ ☐ DDF 214 verified by the
Date Honors Performed: _____ ARARNG MFH Office
Location where MFH Performed (City/County): _____
Branch of Service: ☐ U.S. Army ☐ U.S. Navy ☐ U.S. Coast Guard
☐ U.S. Marine Corps ☐ U.S. Air Force ☐ Merchant Marine

PART TWO: VSO MFH HONOR GUARD TEAM INFORMATION

VSO Name: _____ ARARNG Certification #: _____
VSO Chapter #: _____ State of Arkansas AASIS #: _____
VSO Point of Contact: _____ VSO Point of Contact Phone: _____
Street Address and/or P.O. Box #: _____
City, State, ZIP Code: _____
Name of VSO MFH Honor Guard Team Leader: _____
Signature of VSO MFH Honor Guard Team Leader: _____
VSO MFH Honor Guard Team Members: (PRINT NAMES)

MFH performed (check the box that applies):
☐ Full Honors (Rifle Detail, "Taps" and Flag Folding) ☐ Basic Honors ("Taps" and Flag Folding)
Verified by National Guard or Active Duty MFH Honor Guard Team Leader Phone #: _____
Name: _____ Signature: _____ Date: _____

The information provided on this form has been verified by the ARARNG MFH Office:
Verified by: _____ Signature: _____ Date: _____

ADVA APPROVAL
Signature: _____ Date: _____
Director, Arkansas Department of Veterans Affairs

For ADVA Office Use Only:
Processed By: _____ AASIS Input Date: _____ Amount Paid: _____ State Warrant # _____